

EXHIBIT 3-H REQUEST FOR CAPITAL SUBVENTION REIMBURSEMENT ALLOCATION

(For Projects on the State Highway System Financed with Local Assistance Funds)

To: **Division Chief,**
Division of Budgets
Attention: Capital Budgets Branch

Date: _____
Dist/Co/Rte: _____
PM: _____
FTIP/ESTIP ID: _____
Fed. Project No.: _____
EA: _____
PPNO: _____

Re: **REQUEST FOR CAPITAL SUBVENTION REIMBURSEMENT ALLOCATION**

PROJECT DESCRIPTION:

(Scope of work and project limits)

AGREEMENT:

Local Agency: _____ *(Local Agency Contributing Funds)*
Agreement Type / Number: _____ *(e.g., Cooperative, Contribution, Program Supplement etc.)*
Previously Approved Amount: _____ *(e.g., Previously Approved Subvention Funds)*
Amount This Request: _____ *(e.g., Subvention Funds this Request)*
Total Amount: _____ *(e.g., Total Subvention Funds)*

PROGRAM, CATEGORY OF EXPENDITURES & FISCAL YEAR:

Fund Program Code: _____ *(e.g., "20.20.400". "or "20.20.075" if funded from RIP)*
Category of Expenditure: _____ *121998 (always)*
Fiscal Year (FY): _____ *(Current FY: Accounting, Budgets or Subvention Branch may revise if necessary)*

REQUESTED BY:

Project Manager Name: _____
Project Manager Signature: _____
Project Manager Phone No: _____
DLAE Name: _____
DLAE Signature: _____
Date: _____

CONCURRED BY: _____, *Office Chief,*
Office of Project Delivery and Funding
Division of Local Assistance
Date: _____

APPROVAL: *(By Capital Outlay Unit, Division of Budgets)*

Name: _____

Title: _____

Date: _____

- 1) For State Hwy projects administered by Caltrans, the Caltrans Project Manager should complete and sign this form.
- For State Hwy projects administered by a local agency, the Caltrans DLAE should complete and sign this form.

Distribution: (1) Local Programs Accounting
(2) District XX Resource Management
(3) Division of Local Assistance, Subvention Management Branch
(4) Highway Appropriation and Management Section- Accounting
(5) DLAE